

Index of Claims				Application No.	Applicant(s)
				09/846,270	PUSHPANGADAN ET AL.
				Examiner Lauren Q Wells	Art Unit 1617
<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> = Allowed		<input type="checkbox"/> (Through numeral) <input type="checkbox"/> + Restricted <input type="checkbox"/> Cancelled		<input type="checkbox"/> N Non-Elected <input type="checkbox"/> I Interference	<input type="checkbox"/> A Appeal <input type="checkbox"/> O Objected
Claim	Date	Claim	Date	Claim	Date
Final Original 3 04		Final Original 3 04	2/15/05 2/19/05	Final Original 3 04	2/15/05 2/19/05
1		51		101	
2		52		102	
3		53		103	
4		54		104	N
5		55		105	N
6		56		106	N
7		57		107	✓
8		58		108	N
9		59		109	
10		60		110	
11		61		111	
12		62		112	
13		63		113	N
14		64		114	Y
15		65		115	
16		66		116	
17		67		117	
18		68		118	
19		69		119	
20		70		120	N N M N
21		71	✓ ✓ ✓ =	121	
22		72	✓ ✓ =	122	
23		73		123	
24		74		124	
25		75		125	
26		76		126	
27		77		127	
28		78		128	
29		79		129	
30		80		130	
31		81		131	
32		82	N N	132	
33		83	✓	133	
34		84	✓	134	
35		85	=	135	
36		86		136	
37		87		137	
38		88		138	
39		89		139	
40		90		140	
41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	N M
49		99		149	=
50		100		150	

Index of Claims (continued)

Application/Control No.
09/846,270
Examiner
Jennifer Kim
Applicant(s)/Patent under Reexamination
PUSHPANGADAN ET AL.
Art Unit
1617

<input checked="" type="checkbox"/>	Rejected
<input type="checkbox"/>	Allowed

<input type="checkbox"/>	(Through numeral) Cancelled
<input checked="" type="checkbox"/>	Restricted

<input type="checkbox"/>	N Non-Elected
<input checked="" type="checkbox"/>	Interference

<input type="checkbox"/>	A Appeal
<input checked="" type="checkbox"/>	Objected

Claim	Date
Final	Original
12	151
13	152
14	153
	154
15	155
16	156
17	157
	158
18	159
19	160
	161
	162
	163
	164
	165
	166
	167
	168
	169
	170
	171
	172
	173
	174
	175
	176
	177
	178
	179
	180
	181
	182
	183
	184
	185
	186
	187
	188
	189
	190
	191
	192
	193
	194
	195
	196
	197
	198
	199
	200

Claim	Date
Final	Original
201	
202	
203	
204	
205	
206	
207	
208	
209	
210	
211	
212	
213	
214	
215	
216	
217	
218	
219	
220	
221	
222	
223	
224	
225	
226	
227	
228	
229	
230	
231	
232	
233	
234	
235	
236	
237	
238	
239	
240	
241	
242	
243	
244	
245	
246	
247	
248	
249	
250	

Claim	Date
Final	Original
251	
252	
253	
254	
255	
256	
257	
258	
259	
260	
261	
262	
263	
264	
265	
266	
267	
268	
269	
270	
271	
272	
273	
274	
275	
276	
277	
278	
279	
280	
281	
282	
283	
284	
285	
286	
287	
288	
289	
290	
291	
292	
293	
294	
295	
296	
297	
298	
299	
300	